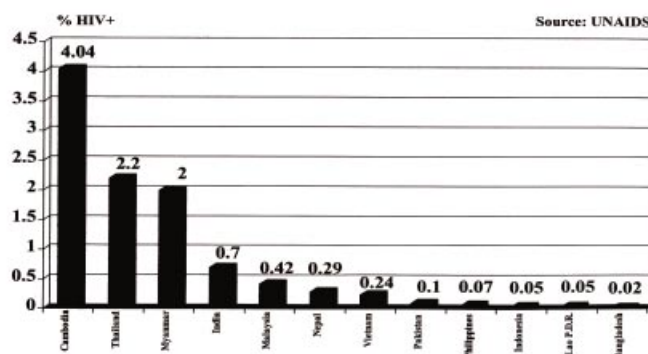


Asia Regional Program



Background: A diverse epidemic

Because of Asia's size, population and diverse cultures, the severity of the HIV/AIDS epidemic and responses to it vary widely. In Thailand, Cambodia and Myanmar, there are documented generalized epidemics. Nepal, Vietnam, and Indonesia have a concentrated epidemic with HIV in a limited number of population groups. In some countries, such as Laos, Bangladesh, and the Philippines, there is a low prevalence of HIV/AIDS. Indications of successful responses in some generalized epidemic countries contrast with danger signals in some low prevalence countries. Figure 1 illustrates estimated HIV prevalence among adults in selected Asian countries.

Strategy: Effective responses

FHI's Asia Regional Program (ARP), funded by USAID's Asia Near East Bureau (ANE), has implemented regional multi-country initiatives since 1993. In June 2000, ANE's Strategic Objective for "Increased Use of Effective Responses to Select Infectious Diseases in Asia and the Near East" authorized a seven-year regional HIV/AIDS and Infectious Diseases Program. The new strategy supports multi-country linkages in data collection and use, and development of infectious disease responses that cross national borders.

The program gives priority to areas where:

- 1) Incidence rates of priority diseases are high;
- 2) Health systems have some existing capacity to conduct surveillance and deliver services;
- 3) Mobile populations contribute to the spread of disease; and

- 4) Regional activities can complement national infectious disease activities.

The ARP is designed to accomplish ANE's strategic objective by:

- 1) Improving knowledge, capacity and use of 2nd generation disease surveillance systems and data for decision making in Asia; and secondly by
- 2) Developing, improving and expanding prevention, care and support services for those most vulnerable to transmission of HIV, especially mobile populations, injecting drug users, and people living with HIV/AIDS.

Accordingly, the program has focused on the following issues and populations:

- 1) Surveillance, Data Collection and Use;
- 2) Mobile populations;
- 3) Injecting drug use (IDU);
- 4) Care and support;
- 5) Men who have sex with men (MSM); and
- 6) Regional capacity development.

Accomplishments

Surveillance, Data Collection and Use:

The Regional Program has been one of the leaders in *advancing 2nd generation disease surveillance* through the development and implementation of the Behavioral Surveillance Survey (BSS) methodology. This has been accomplished by building capacity in national programs. We have provided technical assistance to Cambodia, Lao P.D.R., Vietnam, and Nepal in designing and upgrading their surveillance systems. Programs are using their data in national planning and evaluation.

Mobile populations: Employing the *twin-city model*, we have funded several projects across border areas that promote safer sexual practices and improve access to quality STD services where possible. Several key lessons learned, such as pre-departure and post-arrival interventions, have been developed and have already been used in Cambodia, Thailand, Indonesia, Nepal and India.

Injecting drug use: We assisted in developing a manual for reducing drug related harm in Asia, and introduced new BSS guidelines to monitor behavioral trends among IDU. The manual has been distributed across the world. Programs funded by FHI use the BSS guidelines for IDU across Asia.

Care and support: We helped establish a national network of PWHAs in India, and supported other *Networks of PLHAs* in the Asia-Pacific region. These networks are leaders in de-stigmatizing AIDS and in building the capacity of PLHAs to be involved in formulating policies for prevention and care.

Men who have sex with men: Our *assessment of the dynamics, needs and sexual health of MSM* provided clearer strategies for HIV/AIDS prevention among these populations. The findings of the assessment led USAID and other donors to support large interventions among MSM in Bangladesh and India.

Regional capacity development: We have provided region-wide *technical assistance and training courses* designed to build and strengthen the capacity of in-country institutions/organizations so they can attain and sustain high standards of performance in program management and a broad range of technical areas related to HIV/AIDS and STIs.

The Challenges:

- Due to the various stages of epidemic in the region, the need for capacity building is great. FHI and its partners are challenged to develop the region-wide capacity development program that can satisfy/meet disparate and diverse needs.
- Limited methodologies and tools for monitoring and evaluation, especially those related to mobile and migrant populations.

Future Program Priorities:

The ARP will focus on responding to the demand for strengthening the capacity of country and regional partners to effectively confront the epidemic in Asia by improving the quality,

availability and use of data for decision making and building the skills for an expanded comprehensive response. We will continue to fund programs and projects in the USAID non-presence countries, such as Vietnam, Laos, Thailand and East Timor, and facilitate linkages across Asian countries to improve the overall response to HIV in Asia.

Partner Agencies: *Collaboration - the key to our success*

Parts of our achievement owe to the following partner agencies:

AC Nielsen/India
APCASO/Malaysia
APN+/Singapore
BHORUKA/India
CASP/India
CARE/Thailand/Cambodia/Lao/Vietnam
East West Center/Univ. of Hawaii, USA
FASID/Japan
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Save the Children/US/Nepal
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TAKE 5/India
TNP+/Thailand
UNDP/Bangkok Regional Office
USAID/ANE

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